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14. ABSTRACT Military families play a significant role in how service members adjust in the aftermath of their combat experiences. Unfortunately, individuals most in need of family support may be the least able to obtain it. Symptoms of PTSD can negatively affect the quality of the relationships and decrease available social support. Studies reveal that both veterans and their partners report significant marital and family problems associated with veterans' PTSD symptoms. Treatments for PTSD generally focus on the individual directly affected by the trauma. Recently, several authors have suggested that couples or family therapy may be more effective at treating both the PTSD symptoms and relationship difficulties than are individual treatments. This study will examine this hypothesis by directly comparing the effects of Cognitive-Behavioral Couples Therapy and Prolonged Exposure Therapy for PTSD and associated relationship difficulties. To date, assessment instruments and treatment protocols have been identified and IRB protocols are being prepared.					
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## INTRODUCTION:

The purpose of the study funded by this award is to examine the effects of Cognitive-Behavioral Couples Therapy (CBCT; Monson, Rodriguez, & Warner, 2005) for posttraumatic stress disorder (PTSD) and compare it to treatment with Prolonged Exposure (PE) therapy. We will examine the treatment effects both on relationship functioning and PTSD symptoms in active-duty military personnel who have recently returned from combat deployments and their intimate partners. Research indicates that PTSD is associated with high levels of relationship distress (Carroll, Rueger, Foy, & Donohoe, 1985; Gold, Taft, Keehn, King, King, & Samper, 2007; Jordan & Marmar, 1992; MacDonald, Chamberlain, Long, & Flett, 1999; Riggs, Byrne, Weathers, & Litz, 1998). CBCT includes techniques designed both to promote support for the traumatized individual and reduce relationship distress. Because this protocol addresses both the individual and couple level distress, we expect to see greater improvement in intimate relationship functioning with CBCT than with Prolonged Exposure (PE; Foa, Rothbaum, Riggs, & Murdock, 1991; Foa, Dancu, Hembree, Jaycox, Meadows, & Street, 1999; Foa, Hembree, Cahill, Rauch, Riggs, Feeny, et al., 2005; Foa, Hembree, & Rothbaum, 2007), which is focused solely on PTSD symptoms. Participants will consist of 76 married or cohabitating couples (152 participants in total) in which the male partner is an OEF/OIF veteran with combat-related PTSD. We will need 60 couples to complete treatment (CBCT or PE) for sufficient power. Couples will be randomly assigned to one of two treatment programs (CBCT or PE), resulting in 38 couples (76 participants) assigned to each treatment condition.

## BODY:

- Preparation and Review of the Research Proposal for Multiple IRB Approvals. Dr. Riggs is working with the STRONG STAR Administrative Core to prepare a protocol and support documents for submission to the BAMC IRB for review and approval.
- Hiring and Training of Research Staff. Research Assistants and Independent Evaluators have been identified for this study from the STRONGSTAR Consortium Core.
- Participant Recruitment, Therapy, Participant Evaluation. Recruitment, treatment and evaluation await IRB approvals. However, procedures for the recruitment and treatment of participants have been finalized pending IRB approval. The treatment protocols are manualized and this study will utilize the standard treatment manuals for both CBCT and PE treatments. The assessment instruments have been finalized pending IRB approval. Treatment fidelity checklists are being constructed and will be used to ensure fidelity in the two treatment conditions. The procedure for standardized assessment has is being finalized, and a Manual of Procedures will soon be finalized. The database development is still ongoing, but nearing completion for one of the STRONG STAR projects, that include some of the assessment tools to be used in this protocol. There are currently no data-collection or participant evaluations due to pending IRB approval. Participant recruitment was anticipated to have begun this past quarter; however, this has not yet happened. The delay in participant recruitment is due to the multiple layers and levels of review in a consortium of such a large scale.
- Data Analysis. Pending participant recruitment and assessment.
- Administrative Tasks. Dr. Riggs attended the STRONG STAR Investigators Kick-Off meeting in San Antonio, TX in Sep 2008. Dr. Higgs was unable attended the STRONG STAR Annual Meeting in San Antonio 20-21 Jul 2009.

## KEY RESEARCH ACCOMPLISHMENTS:

- None to report as of yet.

## REPORTABLE OUTCOMES:

A poster describing the project was presented at the Military Health Research Forum in Kansas City in 31 Aug – 3 Sep 2009.

**CONCLUSIONS:** Progress on this study has been slowed by IRB requirements. However, procedures and protocols have been finalized pending IRB approval and this should speed recruitment and data collection once IRB approval is obtained.

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## APPENDICES:

None included.